

**Application for AFC/HFA Conditional Employment or Independent Contract
(Clinical Privileges for HFA Only)
Pending Criminal History Check**

This form has been approved by the Michigan Department of Human Services for use by a home for the aged or an adult foster care home when it determines it is necessary to employ or independently contract with, or for HFA only grant clinical privileges to an individual, who provides direct services to residents, before receiving the results of the applicant's criminal history check as required by Section 333.20173 or 400.734a of the Michigan Compiled Laws. **A home for the aged or an adult foster care home may use this model form or create its own form that meets the minimum statutory requirements.**

Applicant Statement Regarding Criminal History

1. **Name of Facility:** _____

2. **Name of Applicant:** _____

3. **Application for (Check One):**

- ☐ Employment
☐ Independent Contractor
☐ Granted Clinical Privileges (HFA only)

4. Statement Regarding Criminal History

I hereby state that I have not been convicted of *any* of the following:

(a) A felony or an attempt or conspiracy to commit a felony *within the 15 years immediately preceding the date of this application* for employment, independent contract, or clinical privileges (HFA only);

(b) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan Penal Code, 1931 PA 328, MCL 750.145m ¹, or a state or federal crime that is substantially similar to a misdemeanor described in this statement *within the 10 years immediately preceding the date of this application* for employment, independent contract, or clinical privileges (HFA only).

¹ MCL Section 750.145m defines "vulnerable adult" as 1 or more of the following: (i) An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision or personal care or lacks the personal and social skills required to live independently; or (ii) A person 18 years of age or older or a person who is placed in an adult foster care family home or an adult foster care small group home; or (iii) A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.

5. Understandings and Agreements

In consideration of this conditional employment, I hereby understand and agree that, if the criminal history check conducted under Public Health Code Section 20173 or the Adult Foster Care Facility Licensing Act Section 34a does not confirm these statements, my employment, independent contract, or clinical privileges (HFA only) will be terminated by the facility as required by Section 20173(1) of the Public Health Code or Sec 34a(1) of the Adult Foster Care Facility Licensing Act unless and until I can prove that the information is incorrect. The facility shall provide a copy of the results of the criminal history check conducted under Section 20173 or Section 34a to me upon request.

I also understand and agree that failure to meet any conditions described in subparagraphs 4(a) and 4(b) of this statement may result in the termination of my employment, independent contract, or clinical privileges (HFA only), and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions on this statement is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00, or both. (MCL 333.20173(9) or MCL 400.734a(10))

In addition, as a condition of continued employment, independent contract, or clinical privileges, I agree that I will report to the home for the aged/adult foster care home, immediately upon being arrested for or convicted of 1 or more of the criminal offenses listed in either subparagraph 4(a) or 4(b) of this statement.

Name of Applicant (Print or Type)

Signature of Applicant

Date